**Supporting Information 1: Table of Contents**

Date that this was filled out:

Name of Laboratory/PI:

Name of person filling out CRF:

Project name/Identifier:

Animal ID or Study ID (as applicable):

**Type of model system:**

* Mammalian systems (e.g., rodents, other mammals): \_\_\_\_\_\_
* Non-mammalian systems (e.g., *Drosophila*, zebrafish): **\_\_\_\_\_\_**

**Type of study:**

* Anesthetized: \_\_\_\_\_\_
* Non-anesthetized: \_\_\_\_\_\_

**Endpoint of study:**

* Pre-defined time point: \_\_\_\_\_\_
* Seizure-induced sudden death: \_\_\_\_\_\_
* Other \_\_\_\_\_\_

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| **CRF Module Used in Research Study** | **Name of tile with extension (e.g. .doc .txt .xlsx) and number of files** |
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| **Comments:** |

Abbreviations: CRF: Case report form; PI: Principal investigator